

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number U <u>10547</u>	2. Fiscal Year Covered From <u>11/1/2004</u> Through <u>12/13/2004</u>
3. Name and address of person filing Name <u>CHARLES M ROTH</u> P.O. Box, Bldg. Room No. if any _____ Street <u>5511 COBBLE GLEN CT</u> City <u>GREENSBORO</u> State <u>NC</u> ZIP Code + 4 <u>27407</u>	4. Name, file number, and address of labor organization Name <u>INTERNATIONAL BRO. OF TEAMSTERS</u> Labor Organization File Number <u>000-093</u> P.O. Box, Building and Room Number if any _____ Street <u>25 LOUISIANA AVE, NW</u> City <u>WASHINGTON</u> State <u>DC</u> ZIP Code + 4 <u>20001</u>
5. Position in labor organization <u>INTERNATIONAL REPRESENTATIVE</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P.O. Box, Bldg. Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a. Nature of Interest, Transaction, or Income _____ _____ _____ 7 b. Amount _____ _____ _____

Signature

15. Signature and verification: The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Charles M Roth

On

8-15-2005

Date

336-854-5603

Telephone Number

Name of Person Filing <b>CHARLES M ROTH</b>	File Number U
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**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<b>8. Name and address of Business (including trade name, if any)</b> Name: <u>CHIP ROTH COMMUNICATIONS</u> Trade Name if any: <u>CR COMMUNICATIONS</u> P O Box Bldg Room No if any _____ Street: <u>5511 COBBLE GLEN CT</u> City: <u>GREENSBORO</u> State: <u>NC</u> ZIP Code + 4: <u>27407</u>	<b>9 Business deals with</b> <input checked="" type="checkbox"/> a Labor Organization - <u>TEAMSTERS LOCAL 1038</u> <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c. is checked give trust or employer's name</b> Name: _____ Trade Name if any: _____ P O Box, Bldg. Room No. If any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	<b>11 a Nature of such dealing</b> <u>CREATE TEXT, PREPARE LAYOUT AND SUPERVISE PRINTING AND MAILING OF NEWSLETTERS FOR TEAMSTERS LOCAL 1038 FROM MY HOME AND ON PERSONAL TIME</u> <hr/> <b>11 b Approximate dollar value of such dealing</b> <u>4,411.46</u> <hr/> <b>12 a. Nature of interest held or income received</b> <u>SOLE OWNER AND PROPRIETOR OPERATING FROM MY HOME AND ON PERSONAL TIME</u> <hr/> <b>12 b Amount.</b> <u>4,411.46</u>

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13 a. Name and address of Employer or Labor Relations Consultant (including trade name if any)</b> Name: _____ Trade Name if any: _____ P O Box, Bldg Room No if any _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	<b>14 a. Nature of payment.</b> _____ _____ _____
<b>13 b Is the Business an Employer or Consultant ?</b>	<b>14 b Amount of payment.</b> _____